

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		2				
4		1				
5		1				
6	1	1				
7		1				
8		2				
9		1				
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TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	IND		DEP		IND		DEP		IND		DEP	
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